

Form **MUST** be Postmarked by April 1st, 2008

SMV Student Perm Form

Wisconsin Supermileage Student/Parent Permission Form

Attention: SMV Parent(s)/Guardian(s):

Please fill out the requested information below. This form is confirmation of your awareness regarding your son/daughter's participation in one or more of the following WI Supermileage Challenges in 2008. Furthermore, this will enable us to contact you at any time, if necessary. *(Please initial below the events you give permission to attend.)*

_____ Wisconsin Supermileage @ University of Wisconsin-Stout (April 18th-19th, 2008)
Advisor Parent

_____ Wisconsin Supermileage @ Road America (April 27th-28th, 2008)
Advisor Parent

_____ Wisconsin Supermileage @ Fox Valley Technical College (May 2nd-3rd, 2008)
Advisor Parent

_____ (Student's name) has my permission to attend and participate in one of these Wisconsin Supermileage Challenges. I acknowledge that the University of Wisconsin-Stout, Road America, Fox Valley Technical College, Wisconsin Energy Efficient Vehicle Association Board of Directors and organizing committees, or the Board of Regents of the University of Wisconsin Systems, its officers, employees, and agents are not responsible for possible injuries during any Supermileage Events.

* * My signature can be used as permission for any medical attention necessary in case of an emergency. * *

School Name: _____

Parent/Guardian's Name (Please print): _____ Title: _____

Parent/Guardian's Signature: _____ Date: _____

* * * Please Include the Following Information * * *

Home Phone: (____) _____

Business Phone: (____) _____ Hours: _____

Business Phone: (____) _____ Hours: _____

Health Insurance Carrier: _____

Health Insurance Policy Number: _____

Please use the space provided below, or an attached note, to list any important medical information about your child:

** Please give this completed form to your advisor so he/she may submit it to WEEVA by April 1st. **

Platinum Sponsors

